

### **REMARKS**

Entry of this Amendment and reconsideration are respectfully requested in view of the amendments made to the claims and for the remarks made herein.

Claims 1-16 are pending and stand rejected.

Claims 1, 3, 8 and 12 have been amended. Claims 9, 13 and 16 have been cancelled.

Claim 13 stands rejected under 35 USC 101 as being directed to non-statutory subject matter.

Applicant respectfully disagrees with and explicitly traverses the reason for rejecting the claims. However, independent claim 13 and dependent claim 16 have been cancelled without prejudice.

Having cancelled claim 13, applicant submits that the reason for the rejection is no longer relevant and respectfully requests that the rejection be withdrawn.

Claims 1-8 and 12-16 stand rejected under 35 USC 102(e) as being anticipated by Coffman (USPPA 2006/053036).

Applicant respectfully disagrees with and explicitly traverses the reason for rejecting the claims. However, independent claims 1 and 12 have been amended to state the identification code comprises a room identification code. No new matter has been added. Support for the amendment may be found at least in cancelled claim 9. Although, claim 9 has been rejected with under 35 USC 103(a) as being unpatentable over Coffman, it will be shown that the Coffman fails to anticipate or render obvious the invention recited in the independent claims 1 and 12, as amended.

Coffman discloses a medical transaction carrier to communicate information regarding medication delivery and other patient information between a control system in communication with the care-giving facility's other information systems and a patient specific asset such as an infusion pump. All information carried by the medical transaction carrier is validated both at the patient specific asset and at the control system. (see Abstract). Coffman further discloses that the "system ... includes a medical transaction carrier (MTC) that contains information concerning past and present medical transaction. The medical transaction carrier is used to transfer information relating to past and present medical transaction between a control system that is interfaced with

various other care-giving institutional information systems such as a pharmacy information system, or hospital information system or physician order entry system or a patient specific asset located at a patient's bedside. The information transferred by the medical transaction carrier is used to validate that the right medication and the parameters of the medication administration record are properly delivered to the right patient. (see page 2, para. [0015]).

Hence, Coffman teaches a system that tracks the patient and the treatments provided to the patient, independent of the room location in which the device is located.

The Office Action refers to paragraph [0108] for teaching that "Coffman discloses that other information may be communicated as needed." ("other information may be transmitted to and from the MTC as needed by the hospital administration, such as vital signs history and trend information."). (see OA page 5, paragraph 9).

However, contrary to the statement made in the Office Action, Coffman fails to provide any teaching that a room identification code is provided as the treatments provided to the patient, under Coffman, may be provided in any room in the hospital. For example, Coffman discloses "[i]n another aspect, the medical transaction carrier may be primarily stationary and located at the patient's bedside. At the patient's bedside, the medical transaction carrier is interfaced to a patient specific monitor and the information stored within the medical transaction carrier is communicated to the patient specific asset to provide the asset with specific treatment parameters to be used in delivering medication to the patient..." (see para. [0016]).

Hence, in this aspect, Coffman discloses communication with a specific device, even though the device is located in the patient's room. However, the identification of the device, and not the room, is taught by Coffman as it would be clear that the specific device may be moved from room to room or moved with the patient as the patient is moved from room to room.

It is well recognized that to constitute a rejection pursuant to 35 USC §102, i.e., anticipation, all material elements recited in a claim must be found in one unit of prior art.

Coffman cannot be said to anticipate the present invention, because Coffman fails to disclose each and every element recited.

At least for this reason, applicant submits that the rejection of independent claims 1 and 12 has been overcome and respectfully requests withdrawal of the rejection.

With regard the remaining claims, these claims ultimately depend from the independent claims, which have been shown to contain subject matter not disclosed by, and, hence, allowable over, the reference cited. Accordingly, these remaining claims are also allowable by virtue of their dependency from an allowable base claim.

For at least this reason, applicant respectfully requests withdrawal of the rejection and allowance of the claims.

Claims 9-11 stand rejected under 35 USC 103(a) as being unpatentable over Coffman. The Office Action states that with regard to claim 9 Coffman discloses that other information may be communicated as needed and for claims 10-11 that X-ray machines are well-known in the art.

Applicant respectfully disagrees with and explicitly traverses the reason for rejecting the claims for the same reasons recited above.

With regard to claim 9, this claim has been cancelled and, hence, the reason for the rejection has been overcome.

With regard to claims 10-11, these claims depend from claim 1, which has been shown to include subject matter not disclosed by Coffman. Accordingly, claims 10-11 are also patentable by virtue of their dependency upon an allowable base claim.

For all the foregoing reasons, it is respectfully submitted that all the present claims are patentable in view of the cited references. A Notice of Allowance is respectfully requested.

Respectfully submitted,

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